

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.:	D3086
	First Inventor:	Safadi
	Title:	Method and Apparatus for Generating a Personalized Navigational Graphical User Interface Incorporating Multiple Types and Sources of Content
	Express Mail Label No.:	EV317194621 US

2278 U.S. PTO  
10/728537



<b>APPLICATION ELEMENTS</b> (see MPEP chapter 600 concerning utility patent application contents)	Mail Stop Patent Application ADDRESS TO: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>25</u> ] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or computer program listing appendix -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>4</u> ] 5. Oath or Declaration [Total Sheets <u>    </u> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PT-1449 <input type="checkbox"/> Copies of IDS Citations	
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input type="checkbox"/> Certified Copy of Priority Document	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other: _____	

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation   
 ☐ Divisional   
 ☐ Continuation-in- Part (CIP)   
 of prior application No. \_\_\_\_\_

Prior application information: \_\_\_\_\_ Examiner: \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number		<input checked="" type="checkbox"/> Correspondence address below			
Name	Motorola, Inc.				
Address	101 Tournament Drive				
City	Horsham	State	PA	Zip Code	19044
Country	USA	Telephone	215-323-1797	Fax	215-323-1300
Name	Caroline Coker	Registration No.	50,516		
SIGNATURE	Date		December 5, 2003		

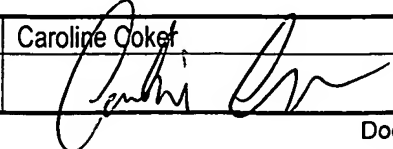
Docket No. D3086

<b>FEE TRANSMITTAL</b> Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<i>Complete if Known</i>	
		Application Number	Unknown
		Filing Date	Unknown
		First Named Inventor	Safadi
		Examiner Name	Unknown
		Group Art Unit	Unknown
TOTAL AMOUNT OF PAYMENT		(\$)	1132
		Attorney Docket No.	D3086

<b>METHOD OF PAYMENT</b> <i>(check all that apply)</i> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <b>502117</b> Deposit Account Name: <b>Motorola, Inc.</b> The Director is authorized to: <i>(check all that apply)</i> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.	<b>FEE CALCULATION</b> (continued)
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<b>FEE CALCULATION</b>					
<b>1. BASIC FILING FEE</b>					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	780	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					<b>(\$)</b> 770

<b>2. EXTRA CLAIM FEES</b>					
Total Claims	2	- Previously Paid**	20	=	1
Independent Claims	4	- Previously Paid**	3	=	1
Multiple Dependent	290 =				
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	* Reissue independent claims over original patent	
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>					<b>(\$)</b> 362
**or number previously paid, if greater; For Reissues, see above.					

<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	Caroline Coker	Registration No.	50,516
Signature		Telephone	215-323-1797
		Date	December 5, 2003

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